



United States
Department of
Agriculture

Food and
Consumer
Service

Mountain
Plains
Region

1244 Speer Boulevard
Denver, CO
80204-2581

Reply to
Attn of:

SP 99-17
SFSP 385

MAY 26 1999

Subject:

English Version of Prototype Free and Reduced Price Application - School
Programs (SP) and Summer Food Service Program (SFSP)

To:

STATE AGENCY DIRECTORS -
(Child Nutrition Programs)

Colorado ED, Iowa, Kansas,
Missouri ED, Missouri DH,
Montana OPI, Nebraska ED,
North Dakota, South Dakota,
Utah, Wyoming ED

On May 20, 1999, we sent you a comprehensive Free and Reduced Price Application packet to be translated into foreign languages. The packet is applicable to school, child care and summer programs. In response to requests, attached are the "focused" prototypes for use with school programs and the Summer Food Service Programs.

The school and summer packet contains:

- a 1-page letter to households,
- a 1-page set of instructions on how to complete the meal benefit form,
- a 2-page meal benefit form,
- a 1-page chart for yearly income eligibility guidelines,
- a 1-page waiver of meal benefit form information for health insurance,
- a 2-page letter to households notifying them of selection for verification of household income, and
- a 1-page letter to household with notification of verification results and of adverse action.

If you have any questions, please contact our office at (303) 844-0359.

Ann C. DeGroat

ANN C. DeGROAT
Regional Director
Child Nutrition Programs

Attachments

Prototype Free and Reduced Price Application:
School Programs and Summer Food Service Program:

May 1999

Dear Parent/Guardian:

The _____ School offers a choice of healthy meals each school day. Children may buy lunch for _____ and breakfast for _____. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or at a reduced price of _____ for lunch and _____ for breakfast. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please note, however, that the school is not required to make a substitution for a food allergy, unless it meets the definition of disability. Please call the school for further information.

Your child can get free school meals if you get food stamps, Temporary Assistance for Needy Families (TANF) or benefits from the Food Distribution Program on Indian Reservations (FDPIR). If your total household income is the same or below the amount on the Income Chart, your child can get meals either free or at a reduced price.

How do I get free or reduced price school meals for my child? You must complete the Meal Benefit Form and return it to the school.

- **Households getting food stamps, TANF, or benefits from FDPIR.** You only have to include your child's name and case number, and an adult household member must sign the form.
- **Households that do not get food stamps, TANF, or benefits from FDPIR.** If you do not have a case number, you must include the names of all household members, the amount of income each person got last month and where the income came from. An adult household member must sign the form and include his or her social security number, or indicate that he or she has none.
- **Households with a foster child.** You must include the child's name and the amount of "personal use" income the child got last month, and an adult must sign the form.

Will the form be verified? Your eligibility may be checked at any time during the school year. School officials may ask you to send written evidence that shows that your child should get free or reduced price school meals.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your form. You also may ask for a fair hearing by calling or writing to:

Address _____ Phone: _____

Must I report changes? If your child gets free or reduced price meals because of your income, you must tell us if your household size decreases, or if your income increases by more than \$50 per month or \$600 per year. If your child gets free meals because your household gets food stamps, TANF or benefits from FDPIR, you must tell us when you no longer get these benefits.

Will information on my form be kept confidential? We will use the information on your form to decide if your child should get free or reduced price meals. We may inform officials connected with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

Can I apply for free and reduced price meals later? You may apply for free and reduced price meals at any time during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get food stamps, TANF or benefits from FDPIR, complete a form then.

We will let you know if you are approved or denied.

Sincerely,

HOW TO COMPLETE THE MEAL BENEFIT FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to _____ . If you need help, call: # _____ .

1 CHILD INFORMATION: Print your child's name.

- (a) Include your child's grade and the name of the school.
- (b) If you are applying for benefits under the Summer Food Service Program (SFSP), please check the box.

2 FOSTER CHILDREN: Complete this Part and sign the form in #5.

- (a) Write the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income.
- (b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
- (c) Complete a separate form for each foster child.

3 OTHER BENEFITS: Complete this Part and sign the form in #5.

- (a) List your current food stamp, FDPIR or TANF case number(s) for your child(ren).
- (b) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

4 ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
- (d) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none".*

5 SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The form must have the signature of an adult household member.
 - 1) The adult household member who signs the statement must include his/her social security number. *If he/she does not have a social security number, write "none".* A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.

6 RACIAL/ETHNIC IDENTITY: You are **not** required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business, day care business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments
Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Military allowance for off-base housing
Any other income

MEAL BENEFIT FORM FOR SCHOOL YEAR _____

Complete, sign and return the form to _____ . Please read the instructions. If you need help completing this form, call: _____.

1 CHILD'S NAME:

 Last First M.I.

Child's Grade: _____ Name of School: _____

FOR MEAL BENEFITS UNDER THE SUMMER FOOD SERVICE PROGRAM (SFSP), CHECK THIS BOX []

2 Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here [] and write the child's monthly personal use income here: \$ _____ . Go to section #5.

3 Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child? List the CASE NUMBER. DO NOT complete section #4. Go to section #5.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

4 ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
Names of Household Members (include the child listed above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or Any Other Monthly Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____	\$ _____	\$ _____
11. _____	\$ _____	\$ _____	\$ _____	\$ _____
12. _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE AND SOCIAL SECURITY NUMBER:

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR or TANF number is current, correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Social Security Number: _____
Printed Name: _____ Home Phone: _____ Work Phone: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____ Date: _____

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

6 RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Please mark one of the following ethnic identities:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For Official Use Only:

Food Stamp/FDPIR/TANF household categorically eligible free: ☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Eligibility Classification: Free: _____ Reduced Price: _____ Paid: _____

Temporary: Free: _____ Reduced Price: _____ Time Period: _____

Determining official: _____

Signature: _____ Date: _____

July 1, _____ - June 30, _____ Income Chart:

Household size	Yearly	Monthly	Weekly
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
4	\$	\$	\$
5	\$	\$	\$
6	\$	\$	\$
7	\$	\$	\$
8	\$	\$	\$
For each additional household member add	\$	\$	\$

WAIVER OF MEAL BENEFIT FORM INFORMATION

Dear Parent/Guardian:

There is now affordable health insurance for children. Now, most families who work hard to make ends meet can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have life long effects. If you do not have health insurance for your child, check the box below to receive information about free and low-cost health insurance for children. **It is important to understand that you are not required to release this information. Its release is strictly voluntary.**

Health Insurance ☐ Yes. I want health insurance for my child. Program officials may give information from my Meal Benefit Form to Medicaid or officials of the State health insurance program for children. Medicaid and State health insurance program officials may use the information to help determine whether my child is eligible for benefits under Medicaid or the State health insurance program. Medicaid or State health insurance program officials may contact me for more information.

I understand that you will be releasing information from the Meal Benefit Form for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child.

Signature of

parent/guardian _____

Printed name of

parent/guardian: _____

Address: _____

LETTER TO HOUSEHOLDS: NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

Student's Name: _____ School: _____ Date: _____

IMPORTANT: YOU MUST ANSWER THIS LETTER

Dear _____:

If you do not reply to this letter, your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact (official's name) by (date) .

Your child's Meal Benefit Form requesting free or reduced price meals has been selected as part of a review to make sure only eligible students receive free or reduced price meal benefits.

You must send **either** (1) papers that show that you get food stamps or TANF for your child or (2) the name and social security number of each adult household member on the enclosed sheet **and** papers that show your household's current income.

We have enclosed information that shows the kinds of papers that you may use to prove that you now get food stamps or TANF for your child or to show your household's income. If possible, do not send original papers. If you do send original papers, they will be sent back to you only if you ask.

If you do not send information that proves your child is eligible to receive free or reduced price meal benefits by (the date above) , these meal benefits will be stopped.

If you have any questions or if you need any help, please call (name) at (phone number) . If you do not hear from us by (date) , free or reduced price meals will continue without change.

Thank you for cooperating in this matter.

Sincerely,

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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VERIFICATION INFORMATION FOR FREE AND REDUCED PRICE MEALS

FOOD STAMP/TANF HOUSEHOLDS: If you get food stamps or TANF for your child, you **only** have to send something that shows your household is now getting them. No other information is required. This is:

- Food stamp or TANF certification notice showing the dates of the certification period.
- Letter from the food stamp or welfare office stating that you now get food stamps or TANF.
- ATP Card (Authorization to participate)

If your child was approved for free meals because you put a food stamp or TANF case number on your child's form but you no longer get food stamps or TANF for your child and want to continue benefits: (1) complete another meal benefit form with income information for everyone in your household, (2) write the name and the social security number of each adult household member on the form or on another piece of paper, and (3) send pay stubs or other papers that show your **current** income.

HOUSEHOLDS THAT DO NOT GET FOOD STAMPS OR TANF: If you do not get food stamps or TANF for your child, (1) write the name and social security number for each adult household member in the spaces below and (2) send copies of information or papers that show your household's **current** income. Current income is the amount of money your household received last month.

Names of Adult Household Members

1. _____
2. _____
3. _____
4. _____
5. _____

Social Security Numbers

- ____/____/____ - ____/____ - ____/____/____/____
____/____/____ - ____/____ - ____/____/____/____
____/____/____ - ____/____ - ____/____/____/____
____/____/____ - ____/____ - ____/____/____/____
____/____/____ - ____/____ - ____/____/____/____

The papers you send in must show: (1) the amount of the income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received.

To show the amount of money your household received last month, send copies of the following:

- **Earnings / wages / salary for each job:** Current paycheck stub that shows how often it is received; Current pay envelope that shows how often it is received; Letter from employer stating gross wages and how often they are paid; Business or farming papers, such as ledger or tax books
- **Social security / pensions / retirement:** Social security retirement benefit letter; Statement of benefits received; Pension award notice
- **Unemployment compensation / disability or worker's compensation:** Notice of eligibility from State employment security office; Check stub; Letter from worker's compensation
- **Welfare payments (General Assistance):** Benefit letter from welfare agency
- **Child support / alimony:** Court decree; Agreement; Copies of checks received
- **All other income:** If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received
- **No income:** If you have no income, send a brief note explaining how you provide food, clothing and housing for your household, and when you expect an income

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION

Child(ren)'s Name(s): _____

School: _____

Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility. Starting (10 calendar days from the date sent) your child(ren)'s eligibility for meal benefits will be:

_____ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is _____ cents for lunch and _____ cents for breakfast. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.

_____ Stopped for the following reason(s):

_____ your income is over the allowable amount for free and reduced price meals;

_____ you did not provide proof of current eligibility. The following information is missing:

_____ records show that you are not receiving food stamps / TANF at this time.

Starting immediately your child(ren)'s eligibility for meal benefits will be:

_____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school when your household income decreases by more than \$50 per month (\$600 per year) or when your household size decreases.

If you are not eligible for benefits now but have a decrease in household income, become unemployed or have an increase in the size of your household, you may fill out a form at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with: (verifying official). You also have the right to a fair hearing. If you request a hearing by (date), your child(ren) will continue to receive (free or reduced price meals) until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: _____

Address: _____

Telephone number: _____

Sincerely,

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